



Do Not Write or Staple In This
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Purchase Voucher

Agency: 529

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01047099

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1760802397/8/000

Payee Name / Address:

TEXAS PREGNANCY CARE NETWORK
1101 S CAPITAL OF TEXAS HWY
STE K250
WEST LAKE HILLS, TX 78730-5115

Freight Amount: \$0.00

Gross Amount (includes Frt.): \$762,500.00

Discount Amt Taken: \$0.00

Payment Amount: \$762,500.00

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description				AMOUNT
1		0		TPCN-12.2	TPCN-12.2 (529-10-0013-000001E)				\$762,500.00
ShipTo ID	Non-HHSAS Cntrct ID								
E893	Contract #	Wkfc	Org PmtDt	IC	RC	Invoice DT:	09/21/15	Req'd Pay DT:	11/03/15
		N				Inv Rec'd DT:	09/21/15	Pay Due DT:	11/30/15
	Account	Entry Event	Fund	Dept.	Program	Class	Budget Ref	Pri/Grant	Amount
1.1	725300		0001	716	5016	03138	2016	TANF100F	\$762,500.00
	Open Item Key: Conf:N Certified Amt: 0.00								

Descriptive Legal Text (DLT Comments):

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

OCT 30 2015

10/30/2015

Approved By	Approver Phone(Area+Number)	Date Approved	Date Entered into HHSAS
			Kulkarni,Anjali Narayan
Approved By	Approver Phone(Area+Number)	Date Approved	Entered By
Contact Name	Contact Phone(Area+Number)		

01047099

RECEIVED

OCT 29 2015

HHSC Accounting Ops

Health & Human Services Commission

STATE OF TEXAS

PURCHASE VOUCHER

(Shaded areas not used by Agency 529)

Page 1 of 1

2. Agency number 529	3. Agency name Health & Human Services Commission	4. Current document number 529		
9. Texas identification number 1760802397	10. PDT 1	11. CCR 1	12. Purchase Order number 	13. Document amount \$762,500.00
14. Payee name / address Texas Pregnancy Care Network 1101 S. Capital of Texas Highway Building K, Suite 250 Austin, TX 78746			15. GSC Contract Number 	17. AGENCY USE
18 SFX 001	FCY 001	FY 2016	COBJ 7253	Amount \$ 762,500.00
16. INVOICE INFORMATION			Invoice date 9/21/2015	Invoice number / Account Number TPCN-12.2
DeptID/Speedchart 716			Requested Payment Date 3 DAY PAY	Interest Control
18 SFX 001	FCY 001	FY 2016	COBJ 7253	Amount \$ 762,500.00
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18 SFX 001	FCY 001	FY 2016	COBJ 7253	Amount \$ 762,500.00
16. INVOICE INFORMATION			Invoice date 9/21/2015	Invoice number / Account Number TPCN-12.2
DeptID/Speedchart 716			Requested Payment Date 3 DAY PAY	Interest Control
19. SERVICE / DEL DATE	20. DESCRIPTION OF GOODS OR SERVICES	21. QUANTITY	22. UNIT PRICE	23. AMOUNT
October 2015	Payment in accordance to Section 1.06 of Contract No. 529-10-0013-00001E. Contract 529-10-0013-000001E. September 1, 2015 - February 29, 2016.	1	\$ 762,500.00	\$ 762,500.00
24. VENDOR CERTIFICATION		Phone (Area code and number)		25. Entered by
Vendor Contact Name		Phone (Area code and number)		
26. I approve this voucher for payment and certify that the expenses are true, correct and unpaid. (1) The goods and services covered by the document comply with the requirements of the contracts under which they were purchased; and (2) The invoices for the goods and services are correct. This payment complies with the General Appropriations Act.				
Agency contact/preparer Beth Zahn SIGN HERE	Document signed by Beth Zahn Date: 10/23/2015 Texas State Auditor's Office Contract #529-10-0013-00001E	Printed Name Beth Zahn	Phone (Area code and number) 512-206-5111	Date 10/23/2015
Agency Approver Marilyn Eaton SIGN HERE		Printed Name Marilyn Eaton	Phone (Area code and number) 512-206-5187	Date 10/23/2015

Rolando Garza Rolando Garza 424-6660

Form 4116 02/2015

10/26/15 10/29/15 Smp



Texas Pregnancy Care Network (TPCN)

INVOICE

Billing Office:

Texas Pregnancy Care Network (TPCN)
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Billing Address:

Beth Zahn
Texas Health and Human Services Commission
909 W. 45th Street
Building 555, MC 2010
Austin, TX 78751

Remittance Address:

Texas Pregnancy Care Network
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Taxpayer ID No. 76-0802397

Amounts due may be remitted
by Electronic Funds

To: Business Bank of Texas, N.A.

1910 W. Braker Ln
Building 3, Suite 100
Austin, TX 78758

Routing No. 114925615

Account:

Texas Pregnancy Care Network
1005126

Invoice Number: TPCN-12.2**Invoice Date:** September 21, 2015**Due Date:** October 31, 2015**For Professional Services Rendered:****RE:****Contract Number:** 529-10-0013-00001E

TPCN is submitting this invoice according to the terms of Section 1.06 of the Amended Agreement between TPCN and HHSC executed August 21, 2015 (attached).

Payment 12.2: Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

Due Date: October 31, 2015

\$762,500.00

Amount Due \$762,500.00

1101 S CAPITAL OF TEXAS HIGHWAY BLDG K SUITE 250 AUSTIN, TEXAS 78746

TEL: 512-637-7011 • FAX: 512-637-7012 • WWW.TEXASPREGNANCY.ORG

9888 PSP 8800 3071019

7/10/15